

Filing at a Glance

Companies: Argonaut Great Central Insurance Company, Argonaut-Midwest Insurance Company, Argonaut Insurance Company, Argonaut-Southwest Insurance Company

Product Name: W/C MP Change for Class SERFF Tr Num: ARGN-125226110 State: Arkansas
Code 9101

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: AR-PC-07-025576

Sub-TOI: 16.0004 Standard WC

Co Tr Num: SW07R-086

State Status:

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi, Carol
Stiffler, Brittany Yielding

Authors: Jamie Schimmelpfenning, Disposition Date: 07-30-2007

Stefanie Westerdahl

Date Submitted: 07-25-2007

Disposition Status: Approved

Effective Date Requested (New): 08-23-2007

Effective Date (New): 08-23-2007

Effective Date Requested (Renewal): 08-23-2007

Effective Date (Renewal):

General Information

Project Name: W/C MP Change for Class Code 9101

Project Number: SW07R-086

Status of Filing in Domicile: Pending

Domicile Status Comments: State of Domicile is
Illinois

Reference Organization: Argonaut Group

Reference Number: SW07R-075

Reference Title: Class code 9101 MP change

Advisory Org. Circular:

Filing Status Changed: 07-30-2007

State Status Changed: 07-26-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

MP change for class code 9101 to \$500

Company and Contact

Filing Contact Information

Stefanie Westerdahl, Regulatory Analyst

Swesterdahl@argonautgroup.com

3625 N. Sheridan Road

(306) 681-2338 [Phone]

Peoria, IL 61633

(309) 688-4780[FAX]

Filing Company Information

Argonaut Great Central Insurance Company

CoCode: 19860

State of Domicile: Illinois

3625 N. Sheridan Road

Group Code: 457

Company Type: Commercial Lines

Peoria, IL 61633

Group Name:

State ID Number:

(877) 769-5953 ext. [Phone]

FEIN Number: 37-0301640

Argonaut-Midwest Insurance Company
225 West Washington Street
6th Floor
Chicago, IL 60606
(312) 201-7600 ext. [Phone]

CoCode: 19828
Group Code: 457

Group Name:
FEIN Number: 36-2489372

State of Domicile: Illinois
Company Type: Property/Casualty

State ID Number:

Argonaut Insurance Company
225 West Washington Street
6th Floor
Chicago, IL 60606
(312) 201-7600 ext. [Phone]

CoCode: 19801
Group Code: 457

Group Name:
FEIN Number: 94-1390273

State of Domicile: Illinois
Company Type: Property/Casualty

State ID Number:

Argonaut-Southwest Insurance Company
100 Marine Parkway, Suite 500
Redwood City, CA 94065
(650) 508-5409 ext. [Phone]

CoCode: 19844
Group Code: 457
Group Name:
FEIN Number: 94-6064785

State of Domicile: Louisiana
Company Type: Property/Casualty
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
6040316	\$25.00	07-18-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07-30-2007	07-30-2007

Disposition

Disposition Date: 07-30-2007

Effective Date (New): 08-23-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Supporting Document	COVER LETTER	Approved	Yes
Supporting Document	EXCEPTION PAGES	Approved	Yes
Supporting Document	F356AR	Approved	Yes

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-30-2007
Comments:			
Attachments:			
	F778AR_021307[1].pdf		
	F777AR_021307[1].pdf		
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	07-30-2007
Bypass Reason:	We will not be changing the LCM Minimum Premium for class code 9101 will be changed to \$500		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	07-30-2007
Bypass Reason:	If an insured wishes to use MP formulas it must be filed and approved with the amount we propose to use. We would like to change the MP for all companies AIC, AGC, AMIC and ASIC nationwide (in the states that will allow) to \$500.		
Comments:			
Satisfied -Name:	Explanatory Memo	Review Status: Approved	07-30-2007
Comments:			
Attachment:			
	9101 EXPLANATORY MEMORANDUM 6_07.pdf		
Satisfied -Name:	COVER LETTER	Review Status: Approved	07-30-2007
Comments:			
Attachment:			
	AR COVER LETTER 9101.pdf		
Satisfied -Name:	EXCEPTION PAGES	Review Status: Approved	07-30-2007
Comments:			
Attachments:			
	ARGONAUT INSURANCE COMPANY Exception AIC.pdf		

Created by SERFF on 07-30-2007 11:38 AM

ARGONAUT INSURANCE COMPANY Exception AMIC.pdf

ARGONAUT INSURANCE COMPANY Exception ASIC.pdf

ARGONAUT INSURANCE COMPANY Exception AGC.pdf

Review Status:

Satisfied -Name: F356AR

Approved

07-30-2007

Comments:

Attachment:

F356AR_010906[1] comp..pdf

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		SW07R-086		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	N/A		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Property & Casualty Transmittal Document

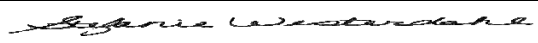
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #
ARGONAUT GROUP	0457

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
ARGONAUT INSURANCE COMPANY	IL	19801	94-1390273	
ARGONAUT GREAT CENTRAL INSURANCE COMPANY	IL	19860	37-0301640	
ARGONAUT-MIDWEST INSURANCE COMPANY	IL	19828	36-2489372	
ARGONAUT-SOUTHWEST INSURANCE COMPANY	IL	19844	94-6064785	

5. Company Tracking Number	SW07R-086
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	STEFANIE WESTERDAHL 3625 NORTH SHERIDAN RD. PEORIA, IL 61633	REGULATORY ANALYST	877-769-5953 EXT 2338	309-688-4780	swesterdahl@argonautgroup.com
7. Signature of authorized filer					
8. Please print name of authorized filer			Stefanie Westerdahl		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16. (Worker's Compensation)
10. Sub-Type of Insurance (Sub-TOI)	16.0004 (standard)
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input checked="" type="checkbox"/> Other (give description) changing the MP for class code 9101 to \$500

14. Effective Date(s) Requested	New: 08-23-2007	Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Reference Organization (if applicable)		
17. Reference Organization # & Title		
18. Company's Date of Filing	July 25, 2007	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	SW07R-086
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Changing the Minimum Premium for class code 9101 to \$500

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount: 25.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

EXPLANATORY MEMORANDUM

Minimum Premium Change For Class Code 9101

On behalf of Argonaut Group, we hereby file to change the minimum premium to class code 9101 to \$500. This filing is to make Argonaut Group more competitive in the Religious Institutions market.

July 20, 2007

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Argonaut Insurance Company NAIC # 19801
Argonaut-Midwest Insurance Company NAIC # 19828
Argonaut Great Central Insurance Company NAIC # 19860
Argonaut-Southwest Insurance Company NAIC # 19844
Workers' Compensation – Class 9101 MP Filing
Our Filing No. SW07R-086

Dear Sir or Madam:

Please accept this filing on behalf of Argonaut Group (Argonaut Insurance Company, Argonaut-Midwest Insurance Company, Argonaut Great Central Insurance Company, and Argonaut-Southwest Insurance Company). At this time, Argonaut Group would like to file the attached company exception page, WC-AR-2, WC-AR-03, WC-AR-04, and WC-AR-5 whereby the minimum premium for Class 9101 shall be \$500.00. This is being done so that we are able to remain competitive in our religious institution book of business.

Argonaut Great Central Insurance Company has previously filed class code 9101 MP at \$453 and will be changed to \$500.

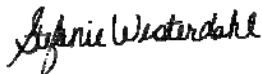
Argonaut Insurance Company and Argonaut-Midwest Insurance Company has previously filed class code 9101 MP at \$850 and will be changed to \$500.

Argonaut-Southwest Insurance Company has previously filed class code 9101 MP at \$838 and will be changed to \$500.

We are requesting an effective date of August 23, 2007.

Should you have any questions, please contact me directly. Thank you for your anticipated time and cooperation to this matter.

Sincerely yours,



Stefanie Westerdahl
Regulatory Analyst
1-877-769-5953 ext. 2338
Swesterdahl@argonautgroup.com

ARGONAUT INSURANCE COMPANY
ARKANSAS WORKER'S COMPENSATION
COMPANY EXCEPTION PAGE

The Minimum Premium for Class 9101 shall be \$500.00

ARGONAUT-MIDWEST INSURANCE COMPANY
ARKANSAS WORKER'S COMPENSATION
COMPANY EXCEPTION PAGE

The Minimum Premium for Class 9101 shall be \$500.00

ARGONAUT-SOUTHWEST INSURANCE COMPANY
ARKANSAS WORKER'S COMPENSATION
COMPANY EXCEPTION PAGE

The Minimum Premium for Class 9101 shall be \$500.00

ARGONAUT GREAT CENTRAL INSURANCE COMPANY
ARKANSAS WORKER'S COMPENSATION
COMPANY EXCEPTION PAGE

The Minimum Premium for Class 9101 shall be \$500.00



ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

FORM SELF CERT

I, Mark Lucas, Corporate Secretary of
(Name) (Title of Authorized Officer)

Agronaut Group 0457
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false

or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.


4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) ► YES

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number

Signature of Authorized Officer ►	
Name of Authorized Officer ►	Mark Lucas
Title of Authorized Officer ►	Corporate Secretary
Email address of Authorized Officer ►	
Telephone # of Authorized Officer ►	877-769-5953
Date ►	July 25, 2007

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us AID PC SelfCert (4/30/03)